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Pathway Analysis Integrating Genome-Wide and Functional Data Identifies *PLCG2* as a Candidate Gene for Age-Related Macular Degeneration

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PURPOSE. Age-related macular degeneration (AMD) is the worldwide leading cause of blindness among the elderly. Although genome-wide association studies (GWAS) have identified AMD risk variants, their roles in disease etiology are not well-characterized, and they only explain a portion of AMD heritability.

METHODS. We performed pathway analyses using summary statistics from the International AMD Genomics Consortium's 2016 GWAS and multiple pathway databases to identify biological pathways wherein genetic association signals for AMD may be aggregating. We determined which genes contributed most to significant pathway signals across the databases. We characterized these genes by constructing protein-protein interaction networks and performing motif analysis.

RESULTS. We determined that eight genes (*C2*, *C3*, *LIPC*, *MICA*, *NOTCH4*, *PLCG2*, *PPARA*, and *RAD51B*) “drive” the statistical signals observed across pathways curated in the Kyoto Encyclopedia of Genes and Genomes (KEGG), Reactome, and Gene Ontology (GO) databases. We further refined our definition of statistical driver gene to identify *PLCG2* as a candidate gene for AMD due to its significant gene-level signals ($P < 0.0001$) across KEGG, Reactome, GO, and NetPath pathways.

CONCLUSIONS. We performed pathway analyses on the largest available collection of advanced AMD cases and controls in the world. Eight genes strongly contributed to significant pathways from the three larger databases, and one gene (*PLCG2*) was central to significant pathways from all four databases. This is, to our knowledge, the first study to identify *PLCG2* as a candidate gene for AMD based solely on genetic burden. Our findings reinforce the utility of integrating in silico genetic and biological pathway data to investigate the genetic architecture of AMD.

Keywords: age-related macular degeneration, pathway analysis, genome-wide association study, database, phospholipase C gamma 2

Vision loss is one of the most feared medical conditions because of its profound effect on day-to-day quality of life.^{1,2} Age-related macular degeneration (AMD) is the most common cause of blindness in individuals over age 60 and is responsible for almost 10% of all cases of blindness in the world.³ AMD is a late-onset disease that results from the accumulation of drusen, inflammation, and photoreceptor loss in the macular region of the eye.³ This progressive disease is categorized as either early/intermediate or advanced AMD; the latter is further subclassified as geographic atrophy (dry AMD [GA]) or choroidal neovascularization (wet AMD [CNV]).³ Early AMD is often asymptomatic and dry AMD is initially asymptomatic, but as the disease progresses, patients' central vision begins to blur and diminish.³ Wet AMD is characterized by the growth of abnormal blood vessels in the macula, which ultimately results in severe vision loss.³

Although both genetic and environmental factors shape AMD susceptibility, between 46% and 71% of the phenotypic

variance of the disease is attributable to genetic factors.⁴ To understand the genetic architecture of AMD, the International Age-Related Macular Degeneration Genomics Consortium (IAMDGC) performed a large-scale genome-wide association study (GWAS) for advanced AMD cases and controls. They identified 52 independent genetic variants across 34 susceptibility loci for advanced AMD that are estimated to explain nearly two thirds of AMD heritability.⁵ Therefore, about one third of AMD heritability is still unexplained by the known loci. Although other studies have identified additional risk loci with modest effect for advanced AMD,^{6,7} more comprehensive approaches beyond GWAS must be used to find the remaining heritable variation for AMD.

Rather than investigating associations between single genetic variants and a phenotype, pathway analysis of GWAS data interrogates alterations in biological pathways for a trait of interest. Generally, this is done by aggregating summary statistics for these variants into genes, which are then grouped

into pathways based on data in curated pathway databases.⁸ We hypothesize that applying this more comprehensive approach may help elucidate the genetic etiology of advanced AMD that has been indiscernible from GWAS. In this study, we performed *in silico* pathway analysis using the Pathway Analysis by Randomization Incorporating Structure (PARIS) software to identify biological pathways and processes enriched in genetic variation potentially associated with AMD in individuals of European descent. Because nomenclature, foci, and definitions vary across pathway databases,⁹ we utilized multiple databases to complement and validate our findings. Additionally, we sought to determine the central causal genes that “drive” the statistical signals observed for significant pathways identified by PARIS.

METHODS

Study Subjects and GWAS Summary Statistics

The participants for this study were previously ascertained by cohorts in the IAMDGC as described.⁵ This included 16,144 individuals with advanced AMD and 17,832 unaffected individuals. Of the advanced AMD cases, 3235 individuals have GA only and 10,749 have CNV only. The remaining cases have both GA and CNV. All of the cases and controls used for our analyses were of European ancestry. All participants provided informed consent, and the study protocol was approved by institutional review boards as previously described.⁵ Data were previously collected in accordance with the tenets of the Declaration of Helsinki. The summary statistics we analyzed in this study were obtained in the 2016 GWAS performed by the IAMDGC.⁵ Specifically, these data include *P* values for 445,115 directly genotyped common and rare variants from the advanced AMD case-control results. The genotypes for these variants were generated from an array (HumanCoreExome; Illumina, San Diego, CA, USA) that was designed with additional genome-wide and custom content for AMD.⁵

PARIS: Knowledge-Driven Pathway Analysis of GWAS Data

To identify biological pathways enriched in genetic variants possibly contributing to advanced AMD risk, we performed *in silico* pathway analysis using the PARIS v2.4 software.^{10,11} PARIS uses variant summary statistics from GWAS, clusters them into features defined by the linkage disequilibrium (LD) structure of the genome based on a reference catalog of common genetic variants, and assigns significance to pathways based on permutation of the genome.^{10,11} In our analyses, we performed 100,000 permutations. PARIS also assigns empirical *P* values to the genes composing a pathway based on permutation testing of features within each of the genes.^{10,11}

We performed PARIS using multiple pathway databases, including Kyoto Encyclopedia of Genes and Genomes (KEGG),¹² Reactome,¹³ Gene Ontology (GO),¹⁴ and NetPath.¹⁵ KEGG, Reactome, and GO databases are extensive, curated biological pathway data repositories. NetPath is a specialized database that covers signaling pathways. Pathways with a *P* value less than 0.0001 were prioritized for further investigation. This permutation *P* value was calculated using the following equation: $P = (1 + b)/(1 + M)$, where *M* = the number of permutations and *b* is the number of randomly sampled permutation scores that are greater than the observed score. To determine if the pathway associations we observed were driven by known AMD loci, we reperformed our pathway analyses excluding variants from the 34 susceptibility loci

identified by the IAMDGC (defined by the 52 genomic variants) and their proxies ($r^2 \geq 0.5$) within 500 kb.⁵

Identification of Statistical Pathway Driver Genes

Due to disparate nomenclature and composition of pathways in the databases, we identified genes that overlapped across significant pathways within a database and across databases (regardless of pathway). This served to internally validate and complement our results. To interrogate the significant signals obtained from the pathways identified by PARIS, we queried which significant ($P < 0.0001$) genes overlapped among the significant ($P < 0.0001$) pathways within a pathway database. These genes were compared across the analyses done with each of the pathway databases (KEGG, Reactome, GO, and NetPath) to find statistical driver genes that had significant signals across three or more databases for the advanced AMD results.

Protein-Protein Interaction (PPI) Network for Statistical Pathway Driver Genes

We searched the Search Tool for Recurring Instances of Neighbouring Genes (STRING) database¹⁶ version 10.5 for PPIs involving the proteins encoded by the genes identified as statistical driver genes. The STRING database is composed of known and predicted PPIs based on data from curated interactions databases, high-throughput lab experiments, coexpression, and text mining in the literature. We used the high confidence (0.700) minimum required interaction score to construct the protein-protein networks of interactions based on experimental data, database entries, and coexpression.

Motif Analysis for Statistical Pathway Driver Genes

We extracted reference genome sequences for the statistical driver genes using the UCSC Genome Table Browser.¹⁷ We included 600 nucleotides upstream from the first exon and the 5' untranslated region (UTR) in the sequences for each gene. To identify potential sequence motifs for each of these gene sets, we utilized the Multiple Expectation Maximization (EM) for Motif Elucidation (MEME) software suite.¹⁸ Sequences were considered motifs if their lengths were between 6 and 50 nucleotides. MEME was not required to find a motif in every sequence, but motifs were required to have an E-value of 0.0001. Each motif from the gene sets was then investigated in Tomtom, which looks for transcription factors (TFs) that are associated with the motif. TF binding motifs were evaluated based on the known human TF database from JASPAR¹⁹ using HOCOMOCO.²⁰ To validate the motifs found and to test the null hypothesis of random motifs found unrelated to the statistical driver genes, 10 permutations were run on a random gene set generator for eight genes and performed the same analyses via MEME and Tomtom. We removed motifs and TFs that appeared in both the random and actual gene sets from further analysis.

RESULTS

In Silico Pathway Analysis

We identified several biological pathways and processes from KEGG, Reactome, GO, and NetPath databases (Table 1; Supplementary Tables S1–S4) to be significantly associated with advanced AMD using PARIS. A pathway was considered significant if it had a pathway-level *P* value less than 0.0001. The vast majority of pathways in the four databases were not

TABLE 1. Significantly Associated Pathways Across Multiple Pathway Databases for Advanced AMD

Database	Count of Significant Pathways	Total Entries in Database	Proportion of Significant Pathways in Database
NetPath	1	26	0.038
KEGG	25	293	0.085
Reactome	50	1,748	0.029
GO	145	12,765	0.011

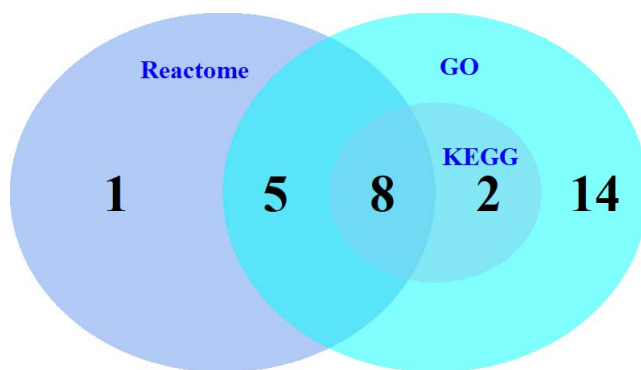
Pathways were considered significant if they obtained an empirical $P < 0.0001$.

significant (Table 1). When we reperformed our pathway analyses excluding the 34 known AMD loci,⁵ ~40% of the previously significant KEGG ($n = 10$) and GO ($n = 53$) pathways and over 60% of the Reactome ($n = 32$) pathways remained significant (Supplementary Tables S1–S3). The single NetPath pathway that was significant in our initial analysis (Wnt; Supplementary Table S4) was no longer significant in this sensitivity analysis ($P = 0.00215$).

Statistical Driver Genes Among Advanced AMD-Associated Pathways

Because pathway structure and terminology vary across databases, we determined which genes were significantly contributing to the overall pathway signals detected by PARIS. We compared the significant genes in significant pathways from KEGG, Reactome, and GO (Fig. 1; Table 2) and identified eight such genes. Upon removing variants from our analyses that fell within the 34 known AMD susceptibility loci as defined in Supplementary Table S5 in the IAMDC GWAS,⁵ we found that two genes (*PPARA* and *PLCG2*) remained statistical driver genes across associated pathways from KEGG, Reactome, and GO.

To identify evidence of PPI for the proteins encoded by the eight statistical driver genes in our analyses (C2, C3, LIPC, MICA, NOTCH4, PPARA, PLCG2, and RAD51B), we queried the STRING database. Each of these proteins have multiple binding partners identified through functional studies or in silico predictions (Fig. 2). When considering no more than 50 interaction partners for each of the eight proteins, we found three distinct clusters of PPIs (Fig. 2). One cluster connects MICA, PLCG2, LIPC, C2, C3, and other immune-related proteins (Fig. 2A); another connects NOTCH4, PPARA, and

**FIGURE 1.** Comparison of significant genes from AMD-associated KEGG, Reactome, and GO pathways identified by PARIS. Eight genes demonstrated significant signals across all three comparisons and are summarized in Table 2.**TABLE 2.** Eight Statistical Pathway Driver Genes From Significant KEGG, Reactome, and GO Pathways

Gene	Chromosome	Full Gene Name (HGNC)
Statistical pathway driver genes implicated in the 2016 IAMDC GWAS Loci		
<i>C2</i>	6	Complement C2
<i>MICA</i>	6	MHC class I polypeptide-related sequence A
<i>NOTCH4</i>	6	Notch receptor 4
<i>RAD51B</i>	14	RAD51 paralog B
<i>LIPC</i>	15	Lipase C, hepatic type
<i>C3</i>	19	Complement C3
Novel genes identified with pathway analysis with PARIS		
<i>PLCG2</i>	16	Phospholipase C gamma 2
<i>PPARA</i>	22	Peroxisome proliferator activated receptor alpha

The cross-database comparison of significant genes from significantly associated pathways.

other signaling proteins (Fig. 2B); and the third contains RAD51B and other DNA repair proteins (Fig. 2C).

Using the MEME software suite, we identified sequence motifs with known TF binding sites near the eight statistical driver gene sequences from the UCSC Genome Table Browser.¹⁷ Five motifs were present for most of the statistical driver genes and contain binding sites for TFs (Table 3). Only one sequence motif ([GCA][AC][CT]AG[AT]G[CA][TGA]A[A G][AT][CA]T[CA][CG][GA]T[CG][TG][CA]A[AG]AAA[ATG][A G]AAA[AT][CA][AC]A[AC]A[AC][AT][AT]A) was near all eight statistical driver genes and contained binding sites for 12 TFs.

We further restricted our definition of statistical pathway driver gene to include genes that also strongly contributed to AMD-associated pathways from NetPath. This enabled us to further support *PLCG2* as a candidate gene for advanced AMD (Fig. 3). This gene encodes a phosphodiesterase that is involved in phosphatidylinositol signaling and several other immune, metabolic, and signaling pathways curated in KEGG, Reactome, GO, and NetPath (Fig. 3). We interrogated potential interaction partners for the PLCG2 protein by constructing a PPI network for PLCG2 using the STRING database (Fig. 4). We also determined if *PLCG2* harbored any suggestive associations with AMD in the IAMDC data. None of the P values for the 65 individual *PLCG2* variants we analyzed with PARIS reach genome-wide significance ($P < 5 \times 10^{-8}$), but several of them ($n = 14$) were nominally associated ($P < 0.05$) with advanced AMD (Fig. 5). The single-variant association results from *PLCG2* are not highly correlated based on LD structure using the 1000 Genomes Project (Fig. 5), which indicates that the concentration of nominally significant results in this gene is not merely due to LD.

DISCUSSION

Using knowledge-driven pathway analysis on GWAS data, we uncovered pathways that were enriched in variation potentially associated with AMD in individuals of European descent. Our study is, to our knowledge, the first to perform such analyses on the largest available advanced AMD case-control association dataset. We found several signaling, immune, metabolic, and disease-related pathways from the KEGG, Reactome, GO, and NetPath databases that are associated with advanced AMD. Our sensitivity analysis demonstrated that several of the pathways from KEGG, Reactome, and GO (Supplementary Tables S1–S3) remained associated with advanced AMD following the exclusion of the 34 AMD

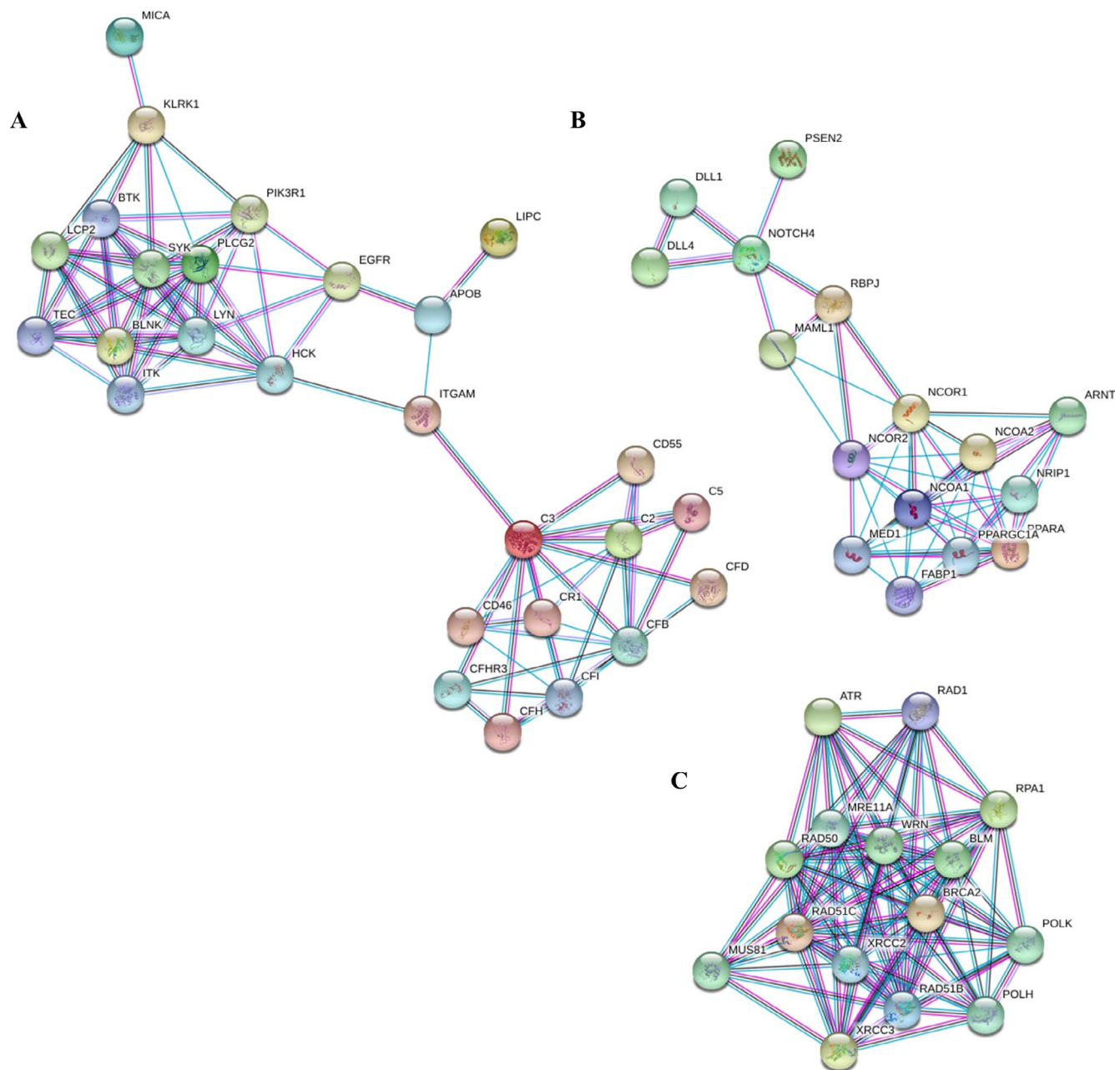


FIGURE 2. PPI network generated for the proteins encoded by the eight statistical driver genes. No more than 50 interactions from the STRING database were displayed for each input protein. This threshold of interactions enabled the connection of all eight queried proteins to a network. Three distinct networks were defined by the proteins encoded by the statistical driver genes: (A) network connecting MICA, *PLCG2*, *LIPC*, *C2*, *C3*, and other immune-related proteins; (B) network connecting *NOTCH4*, *PPARA*, and other signaling proteins; (C) network connecting *RAD51B* and other DNA repair proteins. Types of interaction sources include coexpression (black), experimental data (magenta), and curation in databases (cyan).

susceptibility loci described earlier.⁵ This suggests that modest effects aggregating in these pathways may contribute to the missing heritability of AMD. Although the Wnt pathway from NetPath was no longer significant in our sensitivity analysis, the Wnt signaling pathway from GO remained associated with AMD. This results from the difference in the pathway definitions. These pathways are nearly identical in size ($n = 45$ and 41 genes for NetPath and GO, respectively); however, only two genes overlap between them (*PLCG2* and *FZD4*). Furthermore, the Wnt signaling pathway in KEGG ($n = 140$ genes) and the signaling by Wnt pathway in Reactome ($n = 294$ genes) only achieved pathway-level P values of 0.032 and 0.037

in our analyses, respectively. These pathway definition differences further justify our use of multiple curated databases in our analyses to uncover AMD-associated pathways and genes driving their statistical significance.

Due to varying nomenclature for pathways across databases and as a way of internal validation, we focused on eight statistical driver genes (*C2*, *C3*, *LIPC*, *MICA*, *NOTCH4*, *PPARA*, *PLCG2*, and *RAD51B*) that were consistently significant across GO, Reactome, and KEGG pathways. *PPARA* and *PLCG2* were not previously identified as a part of the 34 IAMDGC loci associated with AMD risk. The strongest single-marker P values observed in *PLCG2* and *PPARA* were 2.05×10^{-4} and $3.10 \times$

TABLE 3. Sequence Motifs With TF Binding Sites Near Statistical Driver Genes

Motif Consensus Sequence	TF	P Value	Statistical Driver Genes
G[CG][TG]TG[AT]ACC[CAT][AG]G[GT][AG]GG[CT][GT][GT][AT][GA] [CG]TT[GC]C[AT]G[TA]GAGCC[GT]AGA[TA]C[GA][CG][GT][CT] C[AT][CG]	KLF5	0.0095	<i>C2</i>
	KLF12	0.011	<i>LIPC</i>
	THA11	0.012	<i>MICA</i>
	ZN563	0.013	<i>NOTCH4</i>
	IRF2	0.013	<i>PPARA</i>
	NFIA	0.017	<i>RAD51B</i>
	ZN449	0.019	
	ELF2	0.020	
	ZBTB6	0.021	
[CT][TA]G[GT]C[TC]AA[CA][AG][CT][AG][GC][TA][GC]AAACCC[CA] [GC][TA][CA][TA]C[TC]A[CT][TC][AC]AA[AG]ATA[CT][AT][AG] [AC]AAA[AT]TA[GT][TCG]	RARG	0.024	
	PIT1	0.0052	<i>C2</i>
	SOX5	0.0093	<i>LIPC</i>
	AIRE	0.010	<i>MICA</i>
	CEBPE	0.011	<i>NOTCH4</i>
			<i>PPARA</i>
			<i>RAD51B</i>
[GA][CG]CTG[CT][AT][GA][TA]CC[CA]AGCT[AGC][CT][TA][CGA][GT] [GT][GT][AT][GC]G[CTC][TG][GA]AG[GT]CAG[GA][AT]G[AC][AC] [TGC]	MAFB	0.0089	<i>C2</i>
	MAFF	0.010	<i>LIPC</i>
	HTF4	0.011	<i>MICA</i>
	MAFK	0.012	<i>NOTCH4</i>
	FOXA2	0.012	<i>PPARA</i>
	TFE2	0.014	<i>RAD51B</i>
	BACH2	0.021	
[GA]C[CT]T[CT][GC][GA]CC[TC]CCAAA[GC][TC]GCTGGGAT[TC] AC[AG]GGCGT[GC]A[GA]CC	TFAP4	0.0047	<i>C2</i>
	ZN322	0.0062	<i>LIPC</i>
	ZNF41	0.011	<i>MICA</i>
	CRX	0.013	<i>NOTCH4</i>
	ZIC3	0.015	<i>PPARA</i>
	NKX21	0.020	<i>PLCG2</i>
	GLI3	0.024	<i>RAD51B</i>
[GCA][AC][CT]AG[AT]G[CA][TGA]A[AG][AT][CA]T[CA][CG][GA]T[CG] [TG][CA]A[AG]AAA[ATG][AG]AAA[AT][CA][AC]A[AC]A[AC][AT][AT]A	HEN1	0.0025	<i>C2</i>
	ZSC31	0.0029	<i>C3</i>
	PKNX1	0.0034	<i>LIPC</i>
	NKX21	0.0037	<i>MICA</i>
	PBX3	0.0066	<i>NOTCH4</i>
	TYY1	0.010	<i>PPARA</i>
	NR2C1	0.011	<i>PLCG2</i>
	VDR	0.014	<i>RAD51B</i>
	CREB1	0.016	
	RFX2	0.021	
	ATF1	0.021	
	CEBPE	0.022	

For each motif, we identified TFs associated with the motif sequence using Tomtom. The *P* value represents the strength of the match between the sequence motif identified adjacent to the statistical driver genes and the curated sequences of the TF binding motifs in the HOCOMOCO database.

10^{-5} , respectively, and do not meet the classical GWAS significance levels. In our sensitivity analysis, *PPARA* and *PLCG2* remained statistical driver genes in pathways from KEGG, Reactome, and GO, suggesting that pathway analysis can identify novel AMD genes. Additionally, the aggregation of nominally significant independent variants in *PLCG2* suggests that the gene-wide significance of *PLCG2* is greater than that of the individual variants and emphasizes the power of pathway analysis for identifying gene-wide signals rather than single-variant associations.

DNA motif analysis identified five sequence motifs adjacent to the eight statistical driver genes in their promoter regions. These motifs represent sites of known TF binding and suggest that the expression of these genes may be controlled by similar mechanisms. One motif ([GCA][AC][CT]AG[AT]G[CA][TGA]A[AG][AT][CA]T[CA][CG][GA]T[CG][TG][CA]A[AG]AAA[ATG][AG]AAA[AT][CA][AC]A[AC]A[AC][AT][AT]A) was adjacent to

the start positions of all eight statistical driver genes and contains known binding sites of several TFs (Table 3). Functional studies are required to confirm these *in silico* findings and elucidate the transcriptional mechanisms of these statistical driver genes in the context of AMD.

One gene, *PLCG2*, was central to multiple pathways in all four databases and remained significant after our sensitivity analysis. *PLCG2* encodes a signaling enzyme (phospholipase C gamma 2, *PLCG2*) that utilizes calcium to catalyze the hydrolysis of PIP_2 into second messengers IP_3 and DAG.²¹ These molecules initiate intracellular calcium flux and activate protein kinase C, respectively.²¹ The enzymatic activity of *PLCG2* results from tyrosine phosphorylation performed by growth factor receptors, immune receptors, and G protein-coupled receptors as well as the activity of lipid-derived second messengers in the cell.²¹ This enzyme is highly expressed in cells of hematopoietic origin and is responsible

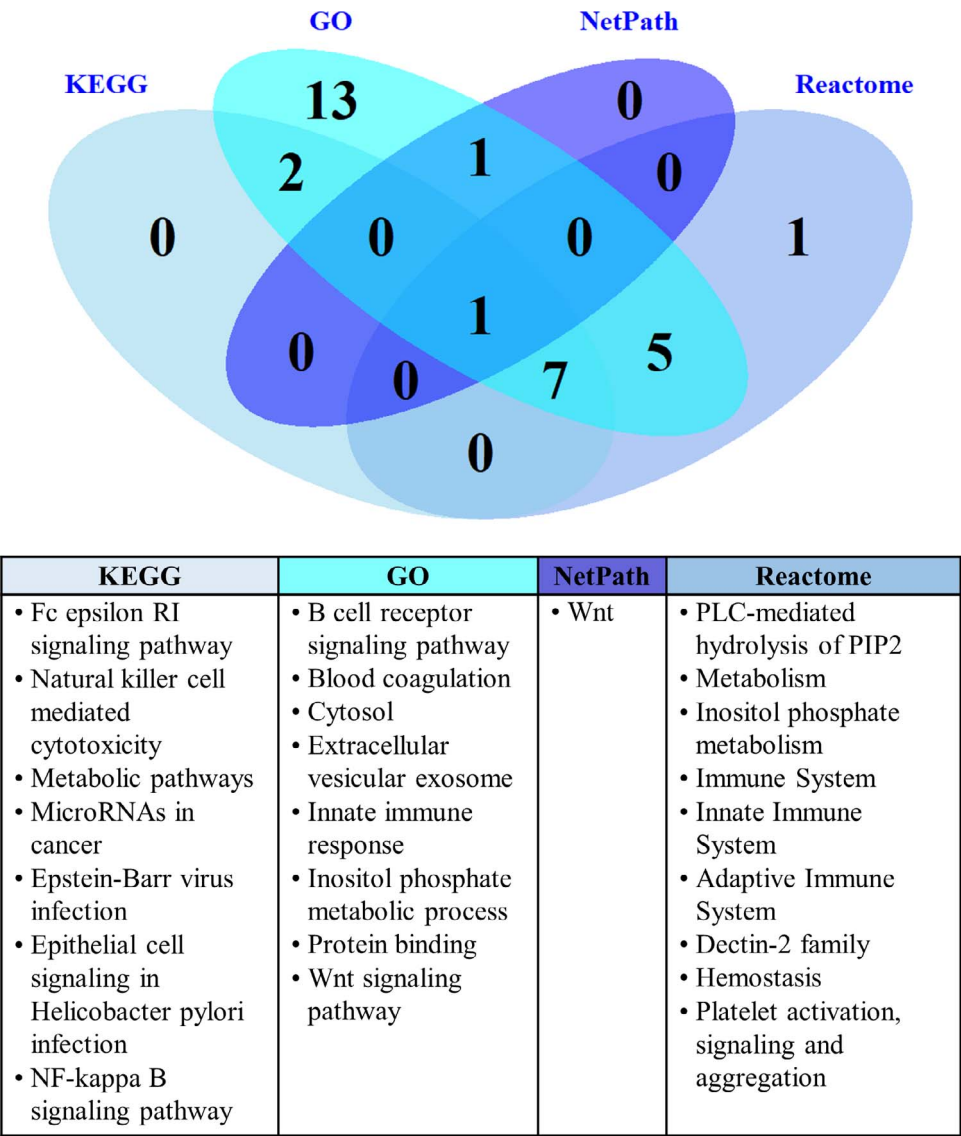


FIGURE 3. Identification of *PLCG2* as a candidate gene for advanced AMD. A comparison of the significant genes from significant KEGG, GO, NetPath, and Reactome pathways in our PARIS pathway analysis converged on one gene (*PLCG2*), which encodes a protein that is common to several pathways.

for regulating immune responses and platelet adhesion and spreading.^{22–26}

The *PLCG2* protein interacts with several members (HCK, LYN, PIK3R1, and SYK) of the microglia pathogen phagocytosis pathway in humans.²⁷ Its interaction partners also play roles in oxidative stress, angiogenesis, and platelet activation. BLNK and BTK are central to facilitating B-cell apoptosis following oxidative stress.^{28,29} Exposure to oxidative stress activates EGFR, which promotes retinal epithelial cell health and survival through EGFR/Akt, PI3K, and ERK/MAPK signaling pathways.^{30,31} EGFR downstream signaling also contributes to retinal pigment epithelial cell proliferation and migration in wound healing.^{32,33} PIK3R1 is a regulatory subunit of PI3K in the PI3K/Akt/mTOR pathway, which is a possible target for treating ocular neovascularization.³⁴ PI3K and Tec protein kinases regulate platelet activation,³⁵ and signaling cascades from LCP2 (also called SLP-76) and SYK are responsible for separating blood and lymphatic vasculatures in the human body.³⁶ These interactions and processes, coupled with *PLCG2*'s role in the VEGF pathway,^{37,38} could be pertinent

for understanding the role of *PLCG2* and its interaction partners in the choroidal neovascularization subtype of advanced AMD. In the CNV-only case-control GWAS performed by the IAMDGC, no *PLCG2* variants were genome-wide significant; however, 13 variants were nominally associated with CNV ($P < 0.05$).⁵ Of the 65 *PLCG2* variants analyzed by PARIS, 31 exhibited lower P values in the CNV-specific IAMDGC GWAS than in the combined advanced AMD IAMDGC GWAS.

Heterozygous gain-of-function mutations in *PLCG2* result in constitutive phospholipase activity and *PLCG2*-associated antibody deficiency and immune dysregulation, which is characterized by immunodeficiency and autoimmunity.³⁹ This gene was recently identified as a candidate gene for rheumatoid arthritis (RA) due to its overexpression in RA patients compared to controls.⁴⁰ Genetic risk scores for RA are associated with increased AMD risk,⁴¹ and individuals with RA are at a higher risk of developing AMD.⁴² *PLCG2* is also highly expressed in microglia⁴³ and has been previously implicated in the genetic etiology of late-onset Alzheimer's disease

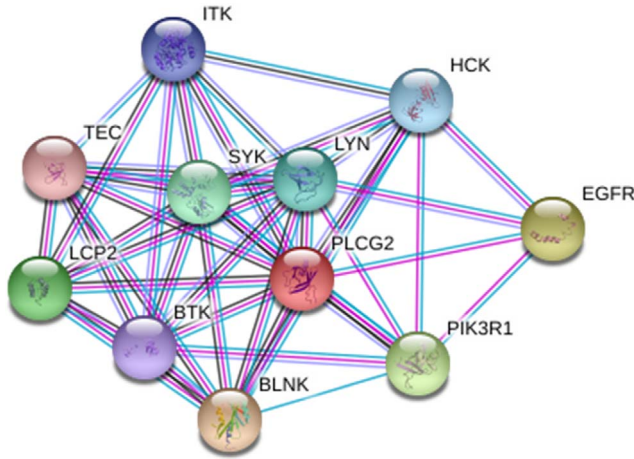


FIGURE 4. PPI network generated for *PLCG2*. No more than 10 interactions were displayed. Types of interaction sources include coexpression (black), experimental data (magenta), and curation in databases (cyan).

(LOAD).^{44,45} Specifically, GWAS identified a protective effect for a rare variant in the coding region of *PLCG2* on LOAD.^{44,45} This variant is considered hypermorphic because the mutant enzyme experiences a small increase in enzymatic activity compared to wild-type enzyme, which would imply that mildly activating *PLCG2* could be a therapeutic intervention for

LOAD.⁴³ Functional studies would need to be performed to determine if *PLCG2*'s enzymatic activity could be modulated by a similar mechanism in patients with AMD.

Although *PLCG2* has not been previously associated with AMD in a case-control GWAS, variants in this gene were associated with AMD when accounting for birth control pill usage in women with CNV.⁴⁶ These associations were undetectable when gene-environment interactions between *PLCG2* variants and exogenous estrogen exposure were not considered.⁴⁶ Other interaction studies have identified *PLCG2* variants as genetic modifiers of previously identified associations among menopausal hormone therapy, mammographic density, and breast cancer risk, which could suggest sex-specific effects of genetic variants in this gene for disease risk.^{47,48}

While our study provides in silico evidence for the roles of these statistical driver genes and pathways in AMD, it does not biologically confirm them. Functional studies are required to determine causality for these genes and pathways in patients with AMD. Knowledge-driven pathway analyses are subject to the quality and coverage of the knowledge in a given database. We attempted to circumvent this limitation by utilizing multiple databases in our analyses and integrating our results. The GWAS data used in this study were generated from individuals of European descent. Consequently, these findings may not be applicable to non-European populations. The IAMDGC GWAS dataset is considered the largest available dataset for advanced AMD cases and controls in the world. We are unaware of any comparable datasets available for replication.

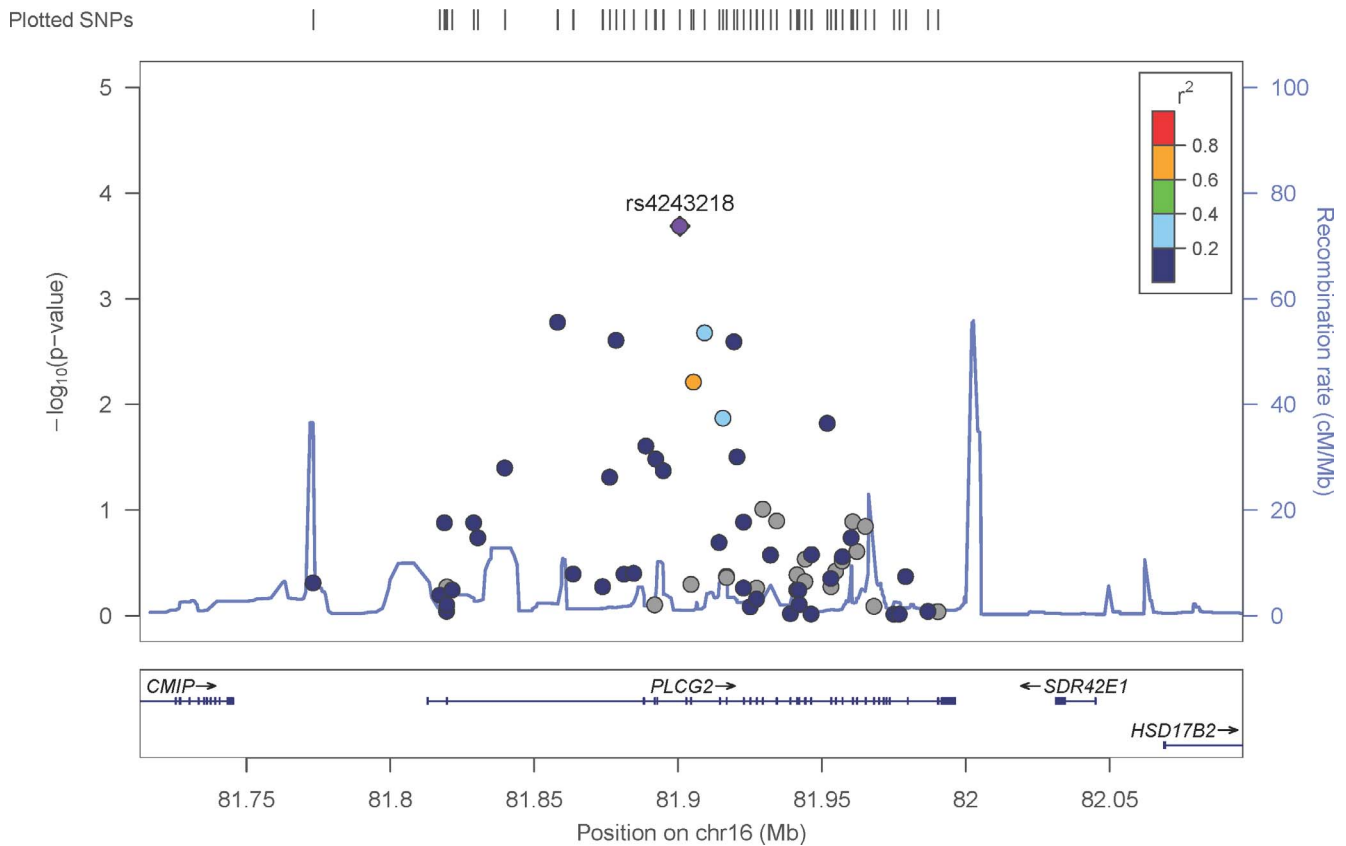


FIGURE 5. LocusZoom Plot of *P* values for the 65 *PLCG2* variants in the IAMDGC advanced AMD case-control analysis. These variants were either within the gene boundaries (human genome build 37) of *PLCG2* or within 50 kb of these boundaries. *P* values were generated by the IAMDGC in their advanced AMD case-control GWAS published in 2016.⁵ LD estimates (r^2) are based on the European (EUR) population from the 1000 Genomes Project (November 2014 release).

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References

- Brown GC. Utility values and age-related macular degeneration. *Arch Ophthalmol*. 2000;118:47.
- Scott AW, Bressler NM, Ffolkes S, Wittenborn JS, Jorkasky J. Public attitudes about eye and vision health. *JAMA Ophthalmol*. 2016;134:1111-1118.
- Ayoub T, Patel N. Age-related macular degeneration. *J R Soc Med*. 2009;102:56-61.
- Seddon JM, Cote J, Page WF, Aggen SH, Neale MC. The US twin study of age-related macular degeneration—relative roles of genetic and environmental influences. *Arch Ophthalmol*. 2005;123:321-327.
- Fritsche LG, Igl W, Cooke Bailey JN, et al. A large genome-wide association study of age-related macular degeneration highlights contributions of rare and common variants. *Nat Genet*. 2016;48:134-143.
- Winkler TW, Brandl C, Grassmann F, et al. Investigating the modulation of genetic effects on late AMD by age and sex: Lessons learned and two additional loci. *PLoS One*. 2018;13:e0194321.
- Yu Y, Bhangale TR, Fagerness J, et al. Common variants near *FRK*/*COL10A1* and *VEGFA* are associated with advanced age-related macular degeneration. *Hum Mol Genet*. 2011;20:3699-3709.
- Yaspan BL, Veatch OJ. Strategies for pathway analysis from GWAS data. *Curr Protoc Hum Genet*. 2019;100:e79.
- Green ML, Karp PD. The outcomes of pathway database computations depend on pathway ontology. *Nucleic Acids Res*. 2006;34:3687-3697.
- Yaspan BL, Bush WS, Torstenson ES, et al. Genetic analysis of biological pathway data through genomic randomization. *Hum Genet*. 2011;129:563-571.
- Butkiewicz M, Bailey JNC, Frase A, et al. Pathway analysis by randomization incorporating structure-PARIS: an update. *Bioinformatics*. 2016;32:2361-2363.
- Kanehisa M, Goto S. KEGG: Kyoto encyclopedia of genes and genomes. *Nucleic Acids Res*. 2000;28:27-30.
- Haw RA, Croft D, Yung CK, et al. The Reactome BioMart. *Database (Oxford)*. 2011;2011:bar031.
- Ashburner M, Ball CA, Blake JA, et al.; The Gene Ontology Consortium. Gene ontology: tool for the unification of biology. *Nat Genet*. 2000;25:25-29.
- Kandasamy K, Mohan SS, Raju R, et al. NetPath: a public resource of curated signal transduction pathways. *Genome Biol*. 2010;11:R3.
- Szklarczyk D, Franceschini A, Wyder S, et al. STRING v10: protein-protein interaction networks, integrated over the tree of life. *Nucleic Acids Res*. 2015;43:D447-D452.
- Karolchik D, Hinrichs AS, Furey TS, et al. The UCSC Table Browser data retrieval tool. *Nucleic Acids Res*. 2004;32:D493-D496.
- Bailey TL, Boden M, Buske FA, et al. MEME Suite: tools for motif discovery and searching. *Nucleic Acids Res*. 2009;37:W202-W208.
- Mathelier A, Fornes O, Arenillas DJ, et al. JASPAR 2016: a major expansion and update of the open-access database of transcription factor binding profiles. *Nucleic Acids Res*. 2016;44:D110-D115.
- Kulakovskiy IV, Vorontsov IE, Yevshin IS, et al. HOCOMOCO: towards a complete collection of transcription factor binding models for human and mouse via large-scale ChIP-Seq analysis. *Nucleic Acids Res*. 2018;46:D252-D259.
- Rhee SG, Bae YS. Regulation of phosphoinositide-specific phospholipase C isozymes. *J Biol Chem*. 1997;272:15045-15048.
- Homma Y, Takenawa T, Emori Y, Sorimachi H, Suzuki K. Tissue- and cell type-specific expression of mRNAs for four types of inositol phospholipid-specific phospholipase C. *Biochem Biophys Res Commun*. 1989;164:406-412.
- Inoue O, Suzuki-Inoue K, Dean WL, Frampton J, Watson SP. Integrin $\alpha_2\beta_1$ mediates outside-in regulation of platelet spreading on collagen through activation of Src kinases and PLC γ_2 . *J Cell Biol*. 2003;160:769-780.
- Marshall AJ, Niirio H, Yun TJ, Clark EA. Regulation of B-cell activation and differentiation by the phosphatidylinositol 3-kinase and phospholipase C gamma pathway. *Immunol Rev*. 2000;176:30-46.
- Ohmori T, Yatomi Y, Wu Y, Osada M, Satoh K, Ozaki Y. Wheat germ agglutinin-induced platelet activation via platelet endothelial cell adhesion molecule-1: involvement of rapid phospholipase C gamma 2 activation by Src family kinases. *Biochemistry*. 2001;40:12992-13001.
- Wonerow P, Pearce AC, Vaux DJ, Watson SP. A critical role for phospholipase C γ_2 in $\alpha_{IIb}\beta_3$ -mediated platelet spreading. *J Biol Chem*. 2003;278:37520-37529.
- Zhang B, Gaiteri C, Bodea LG, et al. Integrated systems approach identifies genetic nodes and networks in late-onset Alzheimer's disease. *Cell*. 2013;153:707-720.
- Han W, Takano T, He J, et al. Role of BLNK in oxidative stress signaling in B cells. *Antioxid Redox Signal*. 2001;3:1065-1073.
- Uckun F, Ozer Z, Vassilev A. Bruton's tyrosine kinase prevents activation of the anti-apoptotic transcription factor STAT3 and promotes apoptosis in neoplastic B-cells and B-cell precursors exposed to oxidative stress. *Br J Haematol*. 2007;136:574-589.
- Chen XD, Su MY, Chen TT, Hong HY, Han AD, Li WS. Oxidative stress affects retinal pigment epithelial cell survival through epidermal growth factor receptor/AKT signaling pathway. *Int J Ophthalmol*. 2017;10:507-514.
- Defoe DM, Grindstaff RD. Epidermal growth factor stimulation of RPE cell survival: contribution of phosphatidylinositol 3-kinase and mitogen-activated protein kinase pathways. *Exp Eye Res*. 2004;79:51-59.
- Xu KP, Yu FSX. Cross talk between c-Met and epidermal growth factor receptor during retinal pigment epithelial wound healing. *Invest Ophthalmol Vis Sci*. 2007;48:2242-2248.
- Yan F, Hui YN, Li YJ, Guo CM, Meng H. Epidermal growth factor receptor in cultured human retinal pigment epithelial cells. *Ophthalmologica*. 2007;221:244-250.
- Sasore T, Kennedy B. Deciphering combinations of PI3K/AKT/mTOR pathway drugs augmenting anti-angiogenic efficacy in vivo. *PLoS One*. 2014;9:e105280.
- Manne BK, Badolia R, Dangelmaier C, et al. Distinct pathways regulate Syk protein activation downstream of immune tyrosine activation motif (ITAM) and hemITAM receptors in platelets. *J Biol Chem*. 2015;290:11557-11568.

36. Abtahian F, Guerriero A, Sebзда E, et al. Regulation of blood and lymphatic vascular separation by signaling proteins SLP-76 and Syk. *Science*. 2003;299:247–251.
37. Guo DQ, Jia Q, Song HY, Warren RS, Donner DB. Vascular endothelial-cell growth-factor promotes tyrosine phosphorylation of mediators of signal-transduction that contain Sh2 domains: association with endothelial-cell proliferation. *J Biol Chem*. 1995;270:6729–6733.
38. Xia P, Aiello LP, Ishii H, et al. Characterization of vascular endothelial growth factor's effect on the activation of protein kinase C, its isoforms, and endothelial cell growth. *J Clin Invest*. 1996;98:2018–2026.
39. Ombrello MJ, Remmers EF, Sun G, et al. Cold urticaria, immunodeficiency, and autoimmunity related to *PLCG2* deletions. *N Engl J Med* 2012;366:330–338.
40. Afroz S, Giddaluru J, Vishwakarma S, Naz S, Khan AA, Khan N. A comprehensive gene expression meta-analysis identifies novel immune signatures in rheumatoid arthritis patients. *Front Immunol*. 2017;8:74.
41. Grassmann F, Kiel C, Zimmermann ME, et al. Genetic pleiotropy between age-related macular degeneration and 16 complex diseases and traits. *Genome Med*. 2017;9:29.
42. Keenan TDL, Goldacre R, Goldacre MJ. Associations between age-related macular degeneration, osteoarthritis and rheumatoid arthritis record linkage study. *Retina*. 2015;35:2613–2618.
43. Magno L, Lessard CB, Martins M, et al. Alzheimer's disease phospholipase C-gamma-2 (*PLCG2*) protective variant is a functional hypermorph. *Alzheimers Res Ther*. 2019;11:16.
44. Sims R, van der Lee SJ, Naj AC, et al. Rare coding variants in *PLCG2*, *ABI3*, and *TREM2* implicate microglial-mediated innate immunity in Alzheimer's disease. *Nat Genet*. 2017;49:1373–1384.
45. Conway OJ, Carrasquillo MM, Wang X, et al. *ABI3* and *PLCG2* missense variants as risk factors for neurodegenerative diseases in Caucasians and African Americans. *Mol Neurodegener*. 2018;13:53.
46. Courtenay MD, Cade WH, Schwartz SG, et al. Set-based joint test of interaction between SNPs in the VEGF pathway and exogenous estrogen finds association with age-related macular degeneration. *Invest Ophthalmol Vis Sci*. 2014;55:4873–4879.
47. Rudolph A, Hein R, Lindstrom S, et al. Genetic modifiers of menopausal hormone replacement therapy and breast cancer risk: a genome-wide interaction study. *Endocr Relat Cancer*. 2013;20:875–887.
48. Rudolph A, Fasching PA, Behrens S, et al. A comprehensive evaluation of interaction between genetic variants and use of menopausal hormone therapy on mammographic density. *Breast Cancer Res*. 2015;17:110.
- Alan M. Kwong,¹ Alexis Boleda,³⁸ Matthew Brooks,³⁸ Linn Gieser,³⁸ Rinki Ratnapriya,³⁸ Kari E. Branham,³⁹ Johanna R. Foerster,¹ John R. Heckenlively,³⁹ Mohammad I. Othman,³⁹ Brendan J. Vote,⁶ Helena Hai Liang,³⁰ Emmanuelle Souzeau,⁴⁰ Ian L. McAllister,⁴¹ Timothy Isaacs,⁴¹ Janette Hall,⁴⁰ Stewart Lake,⁴⁰ David A. Mackey,^{6,30,41} Ian J. Constable,⁴¹ Jamie E. Craig,⁴⁰ Terrie E. Kitchner,⁷ Zhenglin Yang,^{42,43} Zhiguang Su,⁴⁴ Hongrong Luo,^{8,44} Daniel Chen,⁸ Hong Ouyang,⁸ Ken Flagg,⁸ Danni Lin,⁸ Guanping Mao,⁸ Henry Ferreyra,⁸ Klaus Stark,² Claudia N. von Strachwitz,⁴⁵ Armin Wolf,⁴⁶ Caroline Brandl,^{2,4,47} Guenther Rudolph,⁴⁶ Matthias Olden,² Margaux A. Morrison,⁴⁸ Denise J. Morgan,⁴⁸ Matthew Schu,^{49–53} Jeeyun Ahn,⁵⁴ Giuliana Silvestri,⁵⁵ Evangelia E. Tsironi,⁵⁶ Kyu Hyung Park,⁵⁷ Lindsay A. Farrer,^{49–53} Anton Orlin,⁵⁸ Alexander Brucker,⁵⁹ Mingyao Li,⁶⁰ Christine A. Curcio,⁶¹ Saddek Mo-hand-Said,^{62–65} José-Alain Sahel,^{62–68} Isabelle Audo,^{62–64,69} Mustapha Benchaboune,⁶⁵ Angela J. Cree,⁷⁰ Christina A. Rennie,⁷¹ Srinivas V. Goverdhan,⁷⁰ Michelle Grunin,⁷² Shira Hagbi-Levi,⁷² Peter Campochiaro,^{11,13} Nicholas Katsanis,^{73–75} Frank G. Holz,¹⁷ Frédéric Blond,^{62–64} Hélène Blanché,⁷⁶ Jean-François Deleuze,^{76,77} Robert P. Igo Jr,³ Barbara Truitt,³ Neal S. Peachey,^{18,78} Stacy M. Meuer,¹⁹ Chelsea E. Myers,¹⁹ Emily L. Moore,¹⁹ Ronald Klein,¹⁹ Michael A. Hauser,^{79–81} Eric A. Postel,⁷⁹ Monique D. Courtenay,²² Stephen G. Schwartz,⁸² Jaclyn L. Kovach,⁸² William K. Scott,²² Gerald Liew,²³ Ava G. Tan,²³ Bamini Gopinath,²³ John C. Merriam,²⁴ R. Theodore Smith,^{24,83} Jane C. Khan,^{41,84,85} Humma Shahid,^{85,86} Anthony T. Moore,^{25,26,87} J. Allie McGrath,²⁷ Renée Laux,³ Milam A. Brantley Jr,⁸⁸ Anita Agarwal,⁸⁸ Lebriz Ersoy,²⁸ Albert Caramoy,²⁸ Thomas Langmann,²⁸ Nicole T.M. Saksens,²⁹ Eiko K. de Jong,²⁹ Carel B. Hoyng,²⁹ Melinda S. Cain,³⁰ Andrea J. Richardson,³⁰ Tammy M. Martin,⁸⁹ John Blangero,³¹ Daniel E. Weeks,^{32,90} Bal Dhillon,⁹¹ Cornelia M. van Duijn,³⁵ Kimberly F. Doheny,⁹² Jane Romm,⁹² Caroline C.W. Klaver,^{34,35} Caroline Hayward,³⁵ Michael B. Gorin,^{93,94} Michael L. Klein,⁸⁹ Paul N. Baird,³⁰ Anneke I. den Hollander,^{29,95} Sascha Fauser,²⁸ John R.W. Yates,^{25,26,85} Rando Allikmets,^{24,96} Jie Jin Wang,²³ Debra A. Schaumberg,^{20,97,98} Barbara E.K. Klein,¹⁹ Stephanie A. Hagstrom,⁷⁸ Itay Chowers,⁷² Andrew J. Lotery,⁷⁰ Thierry Léveillard,^{62–64} Kang Zhang,^{8,44} Murray H. Brilliant,⁷ Alex W. Hewitt,^{6,50,41} Anand Swaroop,³⁸ Emily Y. Chew,⁹⁹ Margaret A. Pericak-Vance,²² Margaret DeAngelis,⁴⁸ Dwight Stambolian,¹⁰ Jonathan L. Haines,^{3,100} Sudha K. Iyengar,³ Bernhard H.F. Weber,⁴ Gonçalo R. Abecasis,¹ and Iris M. Heid²

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